



1614

PTO/SB/22 (08-03)

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## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket No. (Optional)

29342/36206A

In re Application of William E. Pullman et al.

Application Number Filed

10/031,556-Conf. #6526 October 19, 2001

For: UNIT DOSAGE FORM

Art Unit 1614 Examiner R. Cook

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

|                                     |                                  |           |
|-------------------------------------|----------------------------------|-----------|
| <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1))    | \$ 110.00 |
| <input type="checkbox"/>            | Two months (37 CFR 1.17(a)(2))   | \$ _____  |
| <input type="checkbox"/>            | Three months (37 CFR 1.17(a)(3)) | \$ _____  |
| <input type="checkbox"/>            | Four months (37 CFR 1.17(a)(4))  | \$ _____  |
| <input type="checkbox"/>            | Five months (37 CFR 1.17(a)(5))  | \$ _____  |

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-2855

I have enclosed a duplicate copy of this sheet.

I am the  applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

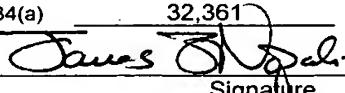
attorney or agent of record. Registration Number \_\_\_\_\_

attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) 32,361

January 12, 2004

Date

  
Signature

(312) 474-6614

Telephone Number

James J. Napoli

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

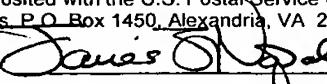


Total of 1 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: January 12, 2004

Signature

  
(James J. Napoli)

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